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Original Department.

Lectures.

A LECTURE ON DYSENTERY:

Its Symptoms, Pathology, Diagnosis, Prognosis, Causes, and Treatment.

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The disease we are now about considering attacks individuals of every age and condition in life. Some occupations appear to be more obnoxious to it than others; thus it is among fleets and armies, where it exerts its most dreadful power. It occurs mostly in the summer and autumnal months, although it may be found occasionally at any period of the year. Dysentery frequently rages as an epidemic. It is at such times that it exhibits its greatest malignity. When it occurs sporadically, it is far milder and more easily managed.

I. THE SYMPTOMS OF DYSENTERY.

These are general and local. In very severe cases, the disease is ushered in by chills and fever; but this does not always take place before the local symptoms declare themselves. Sometimes the fever seems very high, and is accompanied with headache, great thirst, a hard and frequent pulse, and a furred tongue.

The local symptoms may be compared to a mixture of those of colic and inflammation of the bowels. There are violent pains, like those of colic, in the abdomen, called *tormina*. But the most troublesome symptom is *tenesmus*, a strong forcing down of the rectum, constituting a frequent and very urgent desire to evacuate the bowels, without the power to do so. When these pains are very severe and persistent, *prolapsus ani* is sometimes present, constituting a very troublesome complication to manage. There is usually but very little tumefaction of the abdomen, or very little tenderness on pressure, unless the peritoneum is involved in the disorder.

The discharges from the bowels are scanty and irregular. Mucus and bloody matters are thrown off, but not in great quantities. The natural evacuations are commonly retained; occasionally small round lumps, sometimes consisting of hardened fecal matter, and sometimes of fatty and fibrinous substances, which have obtained the ridiculous name of *scybala*, are voided in large quantities, greatly to the relief of the patient. You will not, however, find these scybala so common in the discharges as would be inferred from the mention of them in our standard authors. In some of the worst cases I have ever met with they were not frequent.

The bloody discharges in this disorder may be actual clots at one time, and at another quite liquid, and very abundant in quantity. The liver is often very torpid, and little or no bile secreted, at others, it appears to be lashed into fury by some unkown cause, and large quantities are secreted and discharged with the stools. Sometimes the discharges are almost black, having the appearance of pitch. Again, instead of thick mucus and bile there is thin serum; and from there being a little hemorrhage, this serum is reddish; so that the discharge has been very aptly compared to the washings of meat. A microscopical examination of the discharges in dysentery, commonly shows that they are loaded with blood, pus, and occasionally an abundance of *torulæ* cells, with the debris of epithelial cells. The pus cells, however, are only detected when the intestine is ulcerated. In the camp dysentery, the *torulæ* cell constitutes the distinguishing characteristics of the discharges. This has been verified by the indefatigable investigations of Prof. P. H. Salisbury, and is fully described in his excellent paper on Chronic Diarrhœa, appended to the Annual Report of the Surgeon-General of the State of Ohio, for the year 1864.

In addition to the above symptoms, the patient is frequently afflicted with strangury. The irritation of the rectum is reflected upon the bladder by sympathy from the lower part of the spine. The stomach also frequently sympathizes with the bowels, so that nausea and vomiting ensue, adding greatly to the individual's suffering.

With all these local sufferings, and the continuance of general distress, the patient often

passes anxious days or sleepless nights, when the disease gradually gives way, and the patient is restored to health. When, however, the disease proceeds to a fatal termination, the pulse becomes small and rapid, the countenance assumes a death-like appearance, the features become sharp, hiccough, a low delirium, relaxation of the sphincter ani, and a cold and clammy surface, all indicate that death is beginning at the heart.

II. PATHOLOGY OF DYSENTERY.

The morbid changes in dysentery have their special seat in the larger intestines, particularly the colon. The disease so commonly attacks this part, that some writers call it *colitis*, or inflammation of the colon; but this is not quite correct; for it likewise affects the rectum, and sometimes the small intestines. The more especial seat of the disease, however, is the colon and the rectum. Besides marks of redness and congestion, there is occasionally superficial abrasions of the mucous membrane; and very rarely deep-seated ulceration. There is commonly great thickening of all the coats of the intestines; and the ruges are all greatly changed, so that their inner surface is exceedingly rugged, and shreds of lymph are found hanging upon it. Occasionally, these changes are seen only in patches, then again over a greater extent; and, at the same time, red patches are frequently seen in the small intestines. Where the disease has been chronic, the colon has often been found more than a quarter of an inch in thickness. Minute abscesses, too, are seen in the substance of the intestines. On opening the glands, we find them so much hypertrophied as to look like so many warts. Besides these morbid appearances just mentioned, it is not uncommon to find lesions in the liver. It is frequently in a state of chronic inflammation, and occasionally in a state of softening, with numerous small abscesses. The spleen is sometimes in the same condition, and instances have been recorded, where it has been found converted into a semi-fluid mass. The heart is often found partially softened or flaccid; the pericardium and pleural cavities containing blood, and dark, dirty serum. The lungs are often congested; the bronchial lining dark or ecchymosed; and the blood in all the larger vessels, semi-fluid, black, and of a very loose texture.

In regard to the minute structural changes which occur in the intestinal mucous membrane, as the result of dysentry, I must refer you to Rokitansky's great work on Pathological Anatomy. His description is so minute, systematic, exhaustive, and beautiful, that it would be a mark of pedantry for any one to attempt its improvement.

III. THE DIAGNOSIS OF DYSENTERY.

There are several disorders which may be mistaken for dysentery, such as diarrhœa, hemorrhoids, enteritis, and typhoid fever. Let us pass them in brief review, for the success of our treatment always depends upon the accuracy of our diagnosis. Perhaps dysentery is more frequently confounded with diarrhœa than any other disorder of the bowels. The difference between these two maladies is commonly very marked. But in some instances of the latter disease, where the complaint is very severe, you will find quite a similarity in the symptoms. In both of these diseases, there will be found a quick, hard pulse; fever, pain in the head, back, and limbs; nausea and vomiting; severe griping pains in the bowels, tenesmus, and frequent discharges from the bowels. But you will not have much difficulty in making the dagnosis, if you keep it constantly before your mind, *that in dysentery the natural evacuations cease*, or they are only expelled from time to time in very small quantities, in *scybala*. In diarrhœa the discharges are mostly liquid, fecal matter; if blood and mucus be present, it will be in very small quantities; *fecal matter will constitute the great bulk of the evacuations*. In dysentery, also, the excruciating tenesmus is a very different thing from what usually occurs in diarrhœa. Indeed the distressing and almost constant tenesmus, which patients always suffer with dysentery, may be regarded as the most characteristic local symptom of the malady. I have not the least doubt that the intensity of this symptom alone, and the consequent suffering induced, has been the means of hurrying many a dysenteric patient out of the world.

The pain, tenesemus, and bloody discharges, which sometimes attend hemorrhoids, have frequently been mistaken for dysentery. I was once summoned in great haste to hold a consultation with a neighboring physician in the case of a man who was said to be very ill with dysentery. He was an individual of the nervo-sanguineous temperament, aged 38. He had been ill four weeks. His pulse, in the recumbent posture, was 70; mouth moist, and tongue clean. Has never had chills or fever. Appetite, not bad; urinary secretion, normal; and no tenderness of the abdomen on pressure. The discharges from the bowels were frequent, sometimes fæcal, at others bloody, attended with severe tenesmus. On examination of the perinæum, several small hemorrhoids could be distinctly felt, and the mu-

eous membrane of the rectum appeared very much congested, and unusually hot and dry. The patient was ordered the warm hip-bath three or four times a day, with frequent injections of a strong infusion of polk-root leaves. Under this treatment he rapidly improved, and in seven days was convalescent. This case occurred at the time dysentery was prevalent, and his physician took it for granted that he had dysentery, because he had tenesmus and bloody stools. The constitutional symptoms being absent, the Doctor should have scrutinized the local ones more cautiously. These would have at once unfolded the true nature of the malady, and thus have prevented nights and days of suffering. Hemorrhoids, however, sometimes exist as a complication of dysentery, rendering the case more difficult to manage, and greatly retarding the convalescence of the patient. I have never found anything better for this trouble than the therapeutical agent just named. It is very prompt in its action, in connection with the warm hip-bath, furnishing almost immediate relief.

Dysentery is distinguished from enteritis by the inflammation being confined almost exclusively to the mucous membrane of the larger intestines. Now it has been well settled among physiologists, that when inflammation is confined to the smaller intestines, or in other words, when it is enteritis, the evacuations from the bowels will be chiefly fæcal matter and serum, the serum in most cases preponderating. When the larger intestines is the principal seat of the disease, blood and mucus will constitute the greater part of the discharge; this with the full rapid pulse, and the incessant and agonizing tenesmus, will serve to distinguish dysentery from enteritis.

The essential difference between dysentery and entiric typhoid fever, consists principally in this. In dysentery, the inflammation of the mucous membrane of the colon and rectum constitutes the malady; in the typhoid disease, the irritation of the intestines and morbid alteration of the glands are merely incidental concomitants. In dysentery, therefore, there are no further symptoms than those referable to the inflammation of the parts just named. We find in dysentery no great prostration; no rose-colored spots; no sudamina; no gurgling or pressure over the cæcum, and no marked signs of abnormal processes due to a typhoid dyscrasia. The nervous system also suffers less in dysentery than in typhoid fever. In typhoid fever there is commonly no tenesmus, These peculiarities are all sufficient to point out the differences between the two disorders, and clear up any difficulty in our way to a correct diagnosis.

IV. THE PROGNOSIS OF DYSENTERY.

This is generally favorable. It is well, however, that some caution should be used in this particular, and not speak too confidently of the patient's recovery. Sometimes a case, at first, may appear to be very mild, and promise a speedy return to health, but in spite of all your therapeutics, the patient gradually becomes worse. The evacuations become very offensive and briny; the bowels tender to the touch; the pulse irregular; the countenance haggard and pinched with coma; muttering delirium, hiccoughing, sordes upon the lips and teeth, aphthæ in the mouth, relaxation of the sphincter ani, a cold and clammy skin, with great prostration of strength. We may conclude that the dissolution of the patient is very near at hand. With such symptoms, no intelligent honest physician would promise anything. He may mitigate the pains of dissolving, and that is all. Some writers speak of recoveries after the occurrence of all these unfavorable symptoms, but in a medical experience of twenty-five years I never knew a patient to recover when all these symptoms were present, and it has been my lot to treat a very large number of cases of this disorder.

When, however, on the contrary, the pulse remains firm, the fever subsides, the tongue commences to clean, the evacuations assume a more healthy appearance, and pain and tenesmus abate, the appetite improves, the patient has refreshing sleep, and gains strength, we may pronounce a favorable prognosis.

In grave cases of dysentery we not unfrequently meet with *sequelæ*, which sometimes compromise the life of the patient. Thus from ulceration we may have perforation and fatal peritonitis, gradually increasing exhaustion from the destruction of the mucous membrane, constipation arising from contraction of cicatrices, leading to very troublesome and irregular condition of the bowels, and sometimes fatal obstruction, pyæmia and suppuration in the substance of the liver from the absorption of pus. In individuals past the meridian of life, I have in several instances known Bright's disease of the kidney speedily supervene on an attack of dysentery.

There is a form of this disorder called *Secondary Dysentery;* it occurs frequently in the course of the eruptive fevers, and is often a very serious complication. In measles and scarlatina, it sometimes hurries the patient out of the world with the most fearful rapidity. When dysentery occurs as a complication of small-pox it is universally fatal.

In making out our prognosis of dysentery, there

is one thing that we should not forget, and that is the age of the patient. Young children and old people, are very bad subjects for this disease. Vast numbers of them succumb to it. Several years ago dysentery prevailed epidemically in the valley of the Mahoning. Youngstown, Lowell, and Poland, suffered severely. And I was informed by one of the leading physicians of Poland, that he could not remember a single child under three years that recovered from the disease, and among individuals advanced in life, the malady was uniformly fatal.

The duration of dysentery varies much in different cases. It, also, varies much in intensity. In one case it may be the slightest thing imaginable, while in another it may become one of the most violent attacks that can be conceived of. An apparently healthy individual may be all at once prostrated by the disease,—brought to death's door, as it were, in a few hours; but generally, the attack comes on more gradually, and may continue for many days, bidding defiance to all our boasted therapeutics. Under proper treatment, it will commonly give way about the fifth or sixth day. Obstinate cases, with indifferent medical treatment, may be prolonged till the twenty-first or twenty-seventh day, before convalescence takes place. The type of the disease has a great influence upon its duration, and also upon its mortality. In one of the epidemics of dysentery, described in my article published in the *Cincinnati Medical Observer*, Vol. 2, page 535, the duration of the disease was very short, and where it was improperly treated, the mortality was enormous. I know a few families where every member perished.

[To be continued.]

Communications.

STRANGULATED HERNIA—OPERATION—DEATH.

By W. F. Peck, M. D.,

Of Davenport, Iowa.

W. Richards, M. D., age 43, native of England, habits active, and strictly temperate.

Ever since his sixteenth year he had suffered from left inguinal, indirect hernia, not giving him much trouble, aside from a descent into the scrotum whenever an evacuation was produced. It was strangulated about three years ago, when it was reduced without much difficulty. Since that time he has had more or less trouble with his bowels in the way of tendency to diarrhœa. On Sunday afternoon, February 15th, 1865, he ate some pickles, and toward evening he had an evacuation, during which the intestine descended into the scrotum.

After a number of unsuccessful attempts to reduce it, during which he experienced much pain, he requested his brother-in-law, who was a stranger in the place, to go for a physician, as he considered his condition rapidly growing worse. An eclectic quack was called, who immediately repaired to the house, where he found the doctor and patient suffering pain most excruciating. Having spent three hours in attempting to afford relief, the patient, seeing a want of skill on the part of the quack, requested a physician to be sent for, whereupon Dr. I., a "regular," was suggested and called. He arrived at the house at 3.30 A. M. Under the influence of chloroform, he tried upwards of half an hour to reduce the gut, but without any beneficial results. At 7 A. M. the doctor and charlatan left, to return again at an appointed hour.

At 8 o'clock A. M. Dr. P. was called in connection with Dr. B., when the patient was found in the following condition:

In intense pain; pulse 94, and quite feeble; hiccoughing, with nausea and vomiting; tongue furred; abdomen tympanitic, and in the region of the protruded viscus painful; bowels unmoved since the moderate evacuation of the night before. The protrusion was quite large and inflated with gas. A grain of morphia had already been administered, but without affording material relief. Sulphuric ether was given, and from half to three-quarters of an hour consumed in attempting to reduce the hernia. Different methods resorted to: taxis, gravity, warm applications, and opium. The appeals of the patient were urgent and frequent for interference.

At 9.30 A. M. a consultation was held—present Drs. B., I., and P.—when it was determined to operate. At 10 A. M., the patient being under the influence of ether, the different layers of tissue were divided down to the peritoneum, which was divided in like manner, and not less than from two to three ounces of serous fluid evacuated. The appearance of the incarcerated intestine was a very dark red, with a commencing loss of vitality. About eight inches of the gut were below the point of stricture. Passing the left index finger up to the point of strangulation, an orifice was found that would only admit the extremity of the member. By means of a hernia bistoury, the stricture was carefully divided, and the intestine gently returned.

One stitch was taken in the divided tissue, and the wound was dressed with cold water dressing.

The patient experienced some relief from the operation, but in the course of two hours the symptoms existing before the operation all returned with renewed intensity. Pulse 114, and feeble; respiration 28, and thoracic; surface moist; pain intense, and of a "burning" character; vomiting, stercoraceous, occurring at intervals of half an hour.

Treatment.—Morphia, gr. ss. Brandy, f.ʒss. every hour. Injection of mutton tea.

1 o'clock P. M. Pulse, 104; surface, warm and dry; respirations, 30, and thoracic; stercoraceous vomiting, inability to retain any kind of food on the stomach; abdomen tympanitic, and tender when touched; bowels unmoved; wound looking well. Morphia, ½ gr.; injection of soap and water. Of no effect.

5 P. M. Pulse, 110, and feeble; respirations, 33; surface, dry; vomiting continues; intense pain, though the pupils are under the influence of the opiate; abdomen, tympanitic, and painful near the seat of operation:

Morphia, gr. ss., to be repeated every hour.

7 o'clock P. M.; no change.

12 o'clock—midnight. Pulse, 108 and feeble; respirations, 28; surface, dry and feverish; tongue, furred; pupils, contracted; stercoraceous vomiting; abdomen, tympanitic and painful; no evacuation.

Injection of Ol. Ricini, f.ʒiv., with water Oij. Morphia and stimulants continued as before. Cold applications to abdomen.

8 A. M., Tuesday. Suffered considerably during the night. Pulse, 120 and feeble; respirations, 32; surface, dry; tongue, furred; expression, anxious; stercoraceous vomiting every half hour; inability to retain anything on the stomach; abdomen, still tympanitic, with diffuse pain.

Injection of Ol. Ricini, f.ʒiv, sulph. morphiæ, gr. ss., every half hour.

4 P. M., Tuesday. Surface, dry and pruritic from the opiate; pulse, 114 and feeble; respirations, 27, and almost wholly thoracic; abdomen, tense, painful, and tympanitic; tongue, furred; no appetite; stercoraceous vomiting continuous; wound looking well; bowels unmoved. Morphia continued, with cold applications to the abdomen.

12—midnight. Condition unchanged. Treatment continued.

9 A. M., Wednesday. No sleep during the night. Surface, moist; pulse, 120 and very feeble; respirations, 30; general peritonitis, though most intense in the region of the operation; vomiting and inability to retain anything on the stomach continued. He thinks he can feel a "stricture of the intestine" in the left iliac fossa.

An additional operation was proposed by extending the incision five or six inches along the spine of the ilium, exposing the bowels in the left iliac region, and correct, if possible, the existing difficulty. The doctor assented. Consultation at 2 o'clock P. M., when it was determined to operate as above described.

At 3 P. M. the patient was brought under the influence of ether, and the original incision continued upward and outward for about five or six inches. A considerable hemorrhage occurred from the regional arteries, though timely arrested by ligatures.

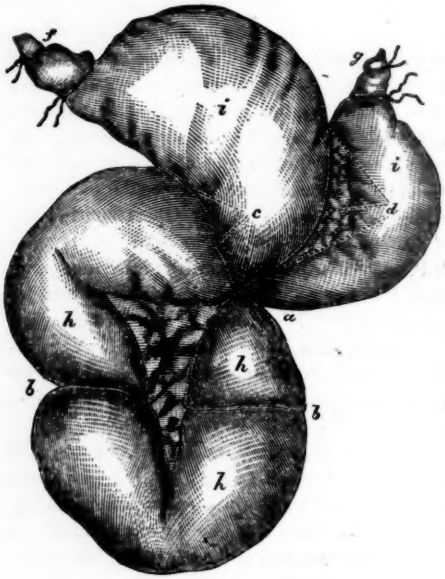
Upon exposing the bowel, that portion which protruded in the beginning appeared very much congested, approaching an advanced stage of inflammation. The intestines were adherent to the abdominal walls in several places by recent adhesions, though quite firm. The exposed viscera were thoroughly cleansed, and the cavity syringed out with warm water, when they were returned to their normal position. Several stitches were taken, leaving an opening at the most dependent part for the introduction of a syringe and drainage of foreign collections; wound and abdomen dressed with cold water applications. Internally morphia, gr. ss., every half hour, together with brandy, f.ʒj. every hour. Pulse, 124 and feeble; surface inactive; pupils contracted. Injection of Ol. Ricini, f.ʒij., with warm water. Operation finished at 4.30.

9 P. M. Suffering from considerable pain. Pupils and pruritis give evidence of the system being under the full influence of the opiate. Surface, warm; pulse, 116 and very feeble; respirations, 30 and thoracic; general abdominal tympanitis, with considerable pain; stercoraceous vomiting every half hour; bowels unmoved. Morphia and stimulants continued. Internally Ol. Tiglii, gtt. j., Ol. Terebinth. gtt. v., which was immediately thrown off by the persistent vomiting. The symptoms last noted continued to increase in intensity and severity, and at 7 A. M., Thursday, he died in intense agony.

Post-mortem Examination.—Ten hours after death. Rigor mortis well marked. A vertical incision was made from the ensiform cartilage to the pubis, and another, intersecting the first at right angles, at the umbilicus, passing horizontally across the abdomen, exposing the abdominal organs in situ. Evidences of general peritonitis. The intestines in several places adhered to the abdominal walls, especially in the vicinity of the left iliac fossa. The convolutions of the ilium adhered to each other by firm adhesions throughout the inferior portion. General appearance

of the bowels intense red, approaching dark, below original stricture, with a gradual shading off into healthy intestine as the stomach was approached. Upon further and more minute examination, there was found death of strictured gut at original point of strangulation, which was retained in its undilated condition by very firm adhesion at and immediately above the point of incarceration, as is clearly shown in the accompanying drawing. Other abdominal organs healthy.

It is supposed that when the intestine was first imprisoned, the inguinal stricture was so tight as to paralyze the coats of the intestine at that point, and when, by the first operation, they were returned, the vitality of the parts was so far gone as to prevent the resilient action of the intestinal muscular fibres from taking place, and as a consequence, the stricture remained, in part assisted by the strong bands of adhesive union connecting the intestinal convolutions.



a. Original point of stricture, which now exists in the morbid specimen, and which remained after first operation.

b.b. Lines caused by pressure of the abdominal walls on the viscus, which was forcibly protruded after second operation.

c. Strong adhesions, holding convolutions in contact.

d. Adhesions.

f—g. Divided extremities.

h. Portion of intestine below stricture in an advanced stage of inflammation.

i. Intestine comparatively healthy.

Hospital Reports.

Philadelphia Hospital,
January, 1865.

Medical Clinic of Dr. J. M. Da Costa,

Reported by William H. Ford, M. D., Resident Physician.

Typhus Fever.

E. B., æt. 27, married, intemperate. Admitted January 5th, when she had headache, constipation, fever, and slight stupor. She has gradually become worse up till to-day. She slowly protrudes her tongue, which is coated and dry. Her pulse is feeble, and beats ninety times in the minute. There is no cough, no diarrhœa, no tenderness in the iliac fossæ. Anteriorly, the respiration is unimpaired, but, posteriorly, there is dulness on the right side. The respiration is feeble, as is also the first sound of the heart. The number of of respirations per minute, twenty-eight. There is an eruption existing all over the body.

This is a case of typhus fever; a pure fever without any constitutional lesion, as in typhoid fever. The character of the eruption is a distinctive sign of the malady. It is diffused all over the body, and is but slightly modified by pressure. In typhoid fever the eruption is confined to the abdomen and chest, and disappears on pressure. The point of most significance in the eruption of typhus is its permanence. It pursues a definite course. In typhoid fever the eruption appears later, lasts for three or four days, and disappears, and is reproduced, but not in the same spots.

In this case there is slight congestion of the lungs; a state which has been called hypostatic pneumonia; but it is not pneumonia, but hypostatic congestion.

This condition points out two indications, namely, frequent change in the position of the patient, and counter irritation.

Treatment. Stimulants and nourishment are of the utmost importance. Turpentine, mineral acids, and quinia, especially during convalescence, are the most reliable remedies. Turpentine may be employed here, for while it is a general stimulant in low fever, it also acts as a stimulant to the mucous membrane of the lungs. The bowels should be kept open.

January 28th, 1865. To-day the patient was able to walk into the clinic room. She is convalescent, but weak from the debilitating effects of the fever.

Elephantiasis of the Arabs.

C. A., æt. 19, a native of Philadelphia, admitted January 8th, 1865. Has always enjoyed good

health. About three years ago, both feet and legs began to enlarge without any pain or uneasiness, and continued to increase in size for one year, when they attained their present size and appearance.

Here is an extraordinary condition of the lower extremities, constituting the disease called elephantiasis of the Arabs, or Barbadoes leg; a rare form of disease in this country. The general health and appetite are good; the tongue clean; the pulse healthy, beating ninety in the minute—the acceleration of the pulse probably being due to temporary excitement; the bowels constipated; the menstrual function, normal. With the first sound of the heart there is a slight murmur, owing to slight roughening of the aortic valves. This affection is purely of a local character. There is nothing in the circulation which could have caused it, though the slight cardiac disease may have aggravated it.

The lower extremities are enormously increased in size, hard, dense and unyielding, and do not pit on pressure. The surface of the skin is darker than natural, and is somewhat rough, owing to the presence of scales of the epidermis. The soles of the feet are but slightly thickened, and preserve almost their natural character. This is usually their condition in elephantiasis. There is no pitting on pressure, therefore there is no œdema. The swelling in this case is entirely confined to the legs. This disease sometimes gradually extends up the thighs to labia or scrotum, but it almost never affects the face. The form of elephantiasis that effects the face is called elephantiasis of the Greeks.

In examining the affected structures there is observed partial increase of the cellular tissue, and some thickening of the true skin and epidermis, though the latter are not very much altered. The blood-vessels of the parts are generally turbid; and the lymphatics are obstructed and partly obliterated. Some authors assert that this affection is due to disease and destruction of the lymphatic vessels and glands. We cannot assent to this theory, though it is true that the lymphatics do share in the disease.

The prognosis is not unfavorable as regards life, but is very unfavorable as regards the removal of the disease. Few die of this disease, though it is possible for it to cause death by the irritability and annoyance which it occasions. Its effects upon the system are indirect.

Treatment. Mercury is of no value, as experience proves. Iodide of potassium and arsenic have likewise failed to produce a cure. The latter claims a better effect than either of the other remedies. All these powerful alteratives have failed. Internal remedies are therefore of little value; but still, it is necessary to keep the patient in a good state of general health. The effect of local remedies has been more successful. Sulphur baths, hot baths, and iodine and sulphur ointments have produced the best results.

In this case we will use the ointment of the iodide of sulphur, (applied twice daily,) and occasional hot baths. A most excellent vapor bath may be provided by slacking lime in saucers placed under a sheet which covers the patient. This vapor bath will furnish a most powerful means of producing diaphoresis; and we will try it as an experiment. No internal treatment will be resorted to, except that directed to the establishment of a good condition of the system.

Enlargement of the Thyroid Gland.

Case 1. M. F., æt. 26, a native of France. Has been in this country sixteen years, during which time she has not enjoyed good health, being weak and subject to headache. She states that about four months ago, immediately after an attack of spotted fever, she noticed a little tumor about the size of a hickory nut, situated in front of her throat. It gradually increased in size, until it attained it present dimensions. There is considerable pain in it, especially at night.

There is noticed a distinct enlargement at the root of the neck, which is movable, painless on manipulation, and non-pulsatile. It is due to disease of the thyroid gland, which may be owing to several causes. This affection is often epidemic. It sometimes occurs in connection with depravation of the blood, the blood being altered as to its constituents,—having a deficiency of red corpuscles.

The spleen, likewise, often becomes enlarged in connection with altered blood.

In connection with this enlargement of the thyroid gland, there is a morbid condition of the heart, palpitation, etc.

In these cases we sometimes find prominent eyeballs, anæmia, and excited action of the heart. There is not, in this case, any organic disease of the heart.

Treatment. R. Syrup. ferri iodidi, gtt. xv., t. d.

We need do nothing for the abnormal condition of the heart, beyond the persistent use of a belladonna plaster over the region of the heart.

Case 2. M. W., colored, æt. 21, a native of Pennsylvania. This patient has a tumor in her neck, which was first noticed when she was eight years of age; it was then about the size of a walnut. It gradually increased in size, until it as-

sumed large proportions. Five years ago it was large enough to fill up the space between the chin and the root of the neck. Since that time it has gradually been getting less. It occasionally feels sore, especially while swallowing.

This case is similar to the preceding. There coexists with the swelling, violent action of the heart. There is more than functional derangement of the heart; there is hypertrophy. These forms of goitre, (if they be called such,) are usually amenable to treatment.

Treatment. The local use of the tincture of iodine, and ten drops of the tincture of digitalis, three times daily.

February 15th, 1865. Both patients have improved up to this date.

Philadelphia Hospital,
February, 1865.

Surgical Clinic of Prof. S. D. Gross.

Reported by W. H. Helm, M. D. Resident Physician.

Bubo.

A. M., æt. 26. A native of Germany. About a month and a half ago, he had connection with a woman, and ten days after, he discovered a chancre. Twelve days ago, a swelling began to show itself in his groin. The swelling is now large, with well-marked boundaries, partly above and partly below Poupart's ligament. The color is erysipelatous. Not only the lymphatic ganglia, but also the cellular and adipose tissues around them are affected. The chancre is soft, and on the left side of the glans, and the bubo is on the left groin. This is generally the case, but occasionally, owing to crossing of the lymphatics from right to left, and the reverse, the bubo is situated on the side opposite the chancre. There is a distinct sense of fluctuation on palpation. In the course of forty-eight hours, nature would evacuate the contents by several openings. Nature, however, does not do it well, and it is better to anticipate by making an early and free incision, for when pus is confined in an abscess, it disorganizes the tissues, forming extensive sinuses, and the abscess is a long time in healing. The incision may be made in a line with and below Poupart's ligament. Some surgeons prefer multiple punctures, but a single free incision is far better. The pus evacuated is thick, yellow, and inoculable. An emollient poultice constitutes the dressing for the first few days. Afterward, a solution of acetate of lead and opium may be advantageously substituted. With a view to the establishment of granulations, certain ointments, as the ointment of the nitrate of mercury, much diluted, are useful. Touch the sides and bottom with a stick of nitrate of silver. Paint the parts with the dilute tincture of iodine. Keep the patient at rest in bed, and give him an anodyne, if necessary.

Varicocele.

Varicocele is a dilated and tortuous condition of the veins of the spermatic cord. The left testicle hangs lower than the right, and the left vein is therefore longer than the right. Varicocele is more common on the left side, because the left spermatic vein enters the emulgent at a right angle, and is not provided with a valve. On the right side, the vein enters the vena cava at an obtuse angle, and has a valve. Varicocele is most common about the age of puberty, but is sometimes found in advanced life.

Case. F. B., æt. 30. A native of Germany. About two months ago, his attention was directed to his scrotum by pain and the swollen condition of the veins. His occupation required him to stand a great deal, and he thinks he is getting better since he has been more at rest. Varicocele is easily recognized by rolling the veins between the fingers, when a sensation as of a bundle of cords, or a mass of earthworms is felt. The testicle is usually at the bottom of the swelling, but sometimes the enlarged veins get in front of and below the testicle. Varicocele is distinguished from hernia by placing the patient on his back and elevating the scrotum. When the swelling disappears by placing the finger over the external abdominal ring, and directing the patient to rise, a hernia is prevented from returning, but the veins will refill if it be varicocele. The treatment is both palliative and radical. In this case nothing is needed but suspension of the parts and cold water applied locally. Sometimes astringent applications are useful. The bowels must be kept in a soluble condition. The radical treatment consists in separating the enlarged vessels from the cord, and passing a needle armed with a wire through the scrotum on one side of the veins, and repassing it on the other side through the same openings, and twisting the ends of the wire. The veins are thus ligated subcutaneously, with little danger of phlebitis. The ligature should remain about ten days, and the patient should be confined to bed, on a light diet, with his secretions properly regulated.

Fractured Clavicle.

J. R., æt. 50. Ireland. The attitude of this man is almost sufficient to establish the diagnosis. He stands with his head bent toward his left shoulder, and supporting the corresponding elbow with his right hand. On passing a finger along

the clavicle, a well marked prominence is readily perceived near the middle of the bone, the usual seat of fracture. This prominence is plainly seen at some distance from the man, and is due to the extremity of the inner fragment, slightly elevated by the action of the sterno-cleido mastoid muscle. The shoulder is depressed and drawn inward by the weight of the limb and muscular action. In addition, there is well marked crepitus. The man is able to place his left hand upon the top of his head, and also upon the sound shoulder. This is unusual, but is occasionally met with. Reduction is readily effected by taking hold of the elbow with one hand, and carrying the arm upward, outward, and backward, at the same time coaptating the fragments with the other hand. The best dressing is by means of adhesive strips, about two and a half inches wide, and long enough to reach around the body and limb. The hand of the injured side rests upon the sound clavicle. The shoulder is carried outward by a strip beginning a little below the sound axilla, passing over the chest and lower part of the arm, pinioning the arm to the side, and around the back to the point of starting. The shoulder is carried upward and backward by applying one end of an adhesive strip to the inside of the arm of the injured side, just below the axilla, carrying it down over the elbow, up the outer side of the arm, over a graduated compress placed over the seat of fracture, and down upon the back. Two or more strips are then applied in the same direction as the first, starting from the same point, but each one slightly overlapping the preceding one, upon the arm. The dressing is then complete and immovable, and need not be changed more than once or twice during the course of the treatment. The hand is left free to move upon the sound clavicle.

Ulcer of the Leg, involving the Tibia.

P. S., æt. 50, a native of Ireland, has had an ulcer of the inferior extremity for twelve years. The ulcer is situated upon the anterior aspect of the leg, about the juncture of the lower and middle third. The tissues around it are very much indurated, and there is extension of the ulcerative action into the tibia, leaving a large cavity with a mere shell of bone surrounding it. Within the last two years, the man has suffered intense pain, and the leg has been perfectly useless to him. It was determined that amputation afforded the man the best chance of enjoying life and supporting himself. His constitution having been previously prepared and an anodyne and stimulants administered, he was put under the influence of ether, and his leg amputated about four inches below the tubercle of the tibia. This point was selected because it affords the best basis for a peg leg, which is the laboring man's best substitute for the natural limb. A short, semi-lunar, integumental flap was made anteriorly, and a long, posterior, muscular flap, with the belly of the soleus retrenched. The spine of the tibia was then sawn off obliquely, four ligatures applied, and the flaps brought together in the usual manner. The stump was then placed upon a padded splint about a foot long, and retained in position by means of a roller. This is of great importance to prevent permanent flexion of the stump.

Pathological Specimens.

Extensive Tubercular Deposits in the Lungs, Mesenteric Glands, Kidneys, and Bladder.

J. K., æt. 35, a native of Ireland; single; intemperate. Was admitted to the wards, August 26, 1864, on account of an ulcer of the leg. The ulcer was cured, but he remained as an assistant, complaining of feebleness and cough, but of nothing else. He died quite suddenly, Feb. 1st. An autopsy was made nine hours after death, and the following specimens were exhibited to the class. Extensive tubercular deposit exists in the lungs and mesenteric glands. The right kidney contains two semi-softened tubercles; one an inch, the other three-quarters of an inch in length. There are thirteen ulcers in the interior of the bladder. Two are quite minute. One is two and a half inches in length, and the others vary in size from a split pea to half a dime. The largest is situated in the base, extending across the vesical triangle. The others are in the anterior and lateral walls. The prostate gland is converted into an abscess, containing from six drachms to an ounce of softened tubercular matter. In the globus minor of the epididymis of the left testis is a single softened tubercle, as large as a small hazel-nut. In the parenchyma of the right testis is a firmer tubercle, fully half an inch in length. This organ seems larger and firmer than natural, from a deposit of miliary tubercle throughout its structure, and the globus major of the epididymis. The scrotum is adherent to the right testis, and at this point there are two small round cicatrices, which seem to have been outlets to an abscess. A careful examination of the other organs revealed nothing abnormal.

These specimens are extremely interesting. on account of their extreme rarity and the small amount of suffering which they caused during

life; and as an example of tubercular deposit coexisting in various organs with phthisis pulmonalis. It is uncommon to meet with tubercular deposit in the kidneys; still more so in the prostate and testicles; and yet more uncommon to meet with it in the bladder. The ulcers of the bladder are caused by the disintegration of tubercular deposit. Some are of considerable depth, having their base upon the muscular fibres; others are quite superficial, having their base upon the submucous cellular tissue. The tubercular matter in the kidneys is deposited into the uriniferous tubules, having a preference for mucous surfaces, rather than for the parenchymatous structure. In the testis, as in the kidneys, the tubercular matter which is generally deposited in the epididymus, has a preference for the mucous surface of the seminiferous tubules.

Editorial Department.

Periscope.

Can the Health of Populous Towns be Improved?

Dr. Stephen Smith, in his admirable address before the New York Legislative Committee, says:

"While it is admitted that the streets of a town may be cleaned, the condition of the poor improved, and diseases, under the most favorable circumstances, prevented, it may be doubted whether the sanitary condition of populous towns can be materially changed, and the death-rate greatly reduced. But in England, where sanitary science is enthusiastically cultivated, there is not only no doubt that large towns can be thus improved, but that the mortality of London itself may yet be no greater than the country. Already, indeed, the London *Times* boasts that the 'average of health throughout the city of London is higher than the average of health throughout all England, taking town and country together. The mortality in all England is at the rate of 22.8 in every 1000 of the population; in the City of London it is at the rate of 22.3 for every 1000 inhabitants! The improvement has been progressive; it has been slow, but steady and sure. Gradually the mortality has decreased, until the yearly death roll of 3763 has been reduced to 2904 within the period of nine years, during which the city has been under the rule of the Sanitary Commission. The deaths this year—22.3 per 1000, or one in every forty-five of the inhabitants—are nine per cent. below the general average, and represent a saving of 286 lives. And secondly, this gratifying result has been obtained in the face of obstacles which seemed to be almost insurmountable.'

"Liverpool affords a striking example of the power of sanitary measures rigidly enforced to improve the public health. It was formerly the most unhealthy city of England, being the very home of typhus, small pox and allied preventable diseases. But it adopted vigorous measures of reform, improving its poorer districts, and the death-rate has fallen eight in 1000. Macclesfield, Saulsbury, and many other English towns, have had their mortality reduced 8, 10 and 15 in 1000, by the vigorous prosecution of sanitary improvements. All the populous towns of that country are moving in this reform, and, as a result, the general death-rate of towns is approximating that of the country.

"The Health Officer of London announced that cleanliness would preserve a town from the visitation of epidemics. But there must be cleanliness of the streets, cleanliness of the courts, cleanliness of the apartments, and cleanliness of the person. On the approach of the cholera in 1849, the town of Worcester determined to test the theory, and accordingly set vigorously to work and cleaned the town thoroughly, removing everything of an offensive nature, and adopted the most stringent regulations against the accumulation of filth about or within the homes of the people. The result was that this 'destroyer' of uncleanly cities made a Passover with the people of Worcester, for on every lintel and door-post was written—Cleanliness, cleanliness. Not a house was entered, and the town was saved in the midst of the most frightful desolation.

"New Orleans is another striking example of the value of civic cleanliness. Since, by military regulations, it is kept constantly in a cleanly condition, it has had no visitation of its old enemy, yellow fever.

"The degree of public health of a town is therefore measured by its cleanliness, and its capacity for health depends upon its capacity for cleanliness."

Prevention of Suppuration after Operations on Tumours.

The *Brit. Med. Jour.* states that at the meeting of the Academy of Sciences, on November 28, M. Velpeau communicated a note from M. Pétrequin, in which that surgeon advocated the application of tincture of iodine as a means of preventing suppuration after the removal of tumours; especially in situations such as the face and neck, where it is desirable to prevent the formation of cicatrices. Hitherto, M. Pétrequin observed, iodine has been applied with the view of modifying the suppurative process; but M. Pétrequin's object has been to prevent it altogether. He has, like M. Velpeau, many times observed that, in hydrocele, for instance, suppuration was less likely to follow the injection of tincture of iodine, than of wine. He has never seen suppuration follow the injection of iodine into the parenchyma of organs, into glands, into the thyroid body, or into cavities; but, on the contrary, the formation of pus appears always to have been prevented.

Reviews and Book Notices.

Report on the Condition of the Insane Poor of the County Poor-Houses of New York. By SYLVESTER D. WILLARD, M. D. Transmitted to the Legislature, January 13, 1865. Pp. 70. Albany.

In 1864 the Legislature of New York passed an act directing the Secretary of the State Medical Society to examine into and report upon the condition of the pauper lunatics in the county poor-houses of the State. The law directed him to arrange such a series of questions as, in his judgment, would be likely to elicit the greatest amount of information on the subject, and transmit them to each county Judge, who was in turn to appoint a competent physician resident in the county, to visit the county poor-house or institution where the insane poor are kept, to examine into their condition and treatment, and transmit the result to the Secretary, by whom the information so received was to be condensed and reported to the Legislature. The document before us, a pamphlet of 70 pages, is the result of this labor, and demonstrates that these recipients of that unfortunate class of beings, "have become filled with an excess of human misery, degradation, and wretchedness, that wrings a cry of distress from the heart of every philanthropist."

The following is the series of questions sent to each county:

What is the population of your county-house?
How many insane are there at present provided for?
How many males are capable of labor?
How many females are capable of labor?
How many males perform out of door labor?
How many females perform out of door labor?
What amusement have those who are unable to work?
What amusement have females who are unable to work?
What number are destructive and tear off their clothing?
How many are restrained by chains or handcuffs occasionally?
How many constantly?
What other forms of mechanical restraints are used?
What other means are resorted to for controlling and managing the violent insane?
Has the poor house a full supply of water?
How many bath-tubs are there in it?
How often are the insane required to bathe?
Is each insane washed, hands and face, daily?
Is any arrangement made for cleanliness, ventilation, and uniformity of heat in winter?
Are any insane confined in basement cells?
Are any so confined without the privilege of coming daily into the open air?
Is the building in which the insane are confined of wood or brick?
How many stories?
What is the height of each story?
What is the length and width of each room?
What is the size of each window?
Are there any rooms without a window opening out of doors?
What are the floors made of?
Are any of the basement rooms without a floor?
Have you bedsteads in all the rooms?
Are the bedsteads of wood or iron?
Are they fastened to the floor?
Have you double or single beds?
How many sleep in one bed?
What is the greatest number, in any case, who sleep in one bed?
What material do you use for bedding?
How many sleep on straw alone, without bedsteads or beds?
How often is the straw changed?
What is the diet provided each day?
How is it distributed to each?
How is the building heated in winter?
Are all the rooms heated?
Is attention paid to the uniformity of heat by a thermometer?
What is the temperature maintained?
Are any insane confined in rooms without heat in the winter?
Are there any accommodations for the various grades of insane?
If so, what?
Are they all confined in one ward?
How many in single rooms or cells?
Are the sexes kept entirely separated?
Are male attendants employed to care for female insane?
Are any attendants besides paupers uniformly and constantly employed in the immediate care of the insane?
What is the actual condition of the rooms and cells occupied by insane, as to cleanliness?
What do you think of the atmosphere of the rooms?
Did you look for vermin on their persons?
Did you observe any?
Are any of the pauper insane cared for in private families?
Does your county take care of recent cases?
What changes of under garments have each of the insane?
How many have shoes?
How many had neither shoes nor stockings during the winter?
What number of insane is your county house designed to accommodate?
What is the greatest number ever there confined?
Are the accommodations separate from those of the sane paupers?
How many escaped within a year who were not returned?
How many were removed by their friends?
What provisions are made for medical treatment of the insane?
How often are they actually visited?
Does each case receive care with reference to its ultimate recovery?
Number: name; age; sex; native; foreign; year of admission; occupation; mild; excitable or paroxysmal; violent; filthy; destructive; confined to house; confined in strong rooms; requires mechanical restraint; been treated in an asylum; died during the year; discharged.

[To be continued.]

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, APRIL 15, 1865.

LOSSES BY THE WAR—A SUGGESTION.

In a note in the Reporter, of the 11th of February last, we called the attention of our readers to the fact that several of our medical brethren in Chambersburg in this State, were, during the rebel raid on that place, last summer, subjected to the loss of their household goods, office furniture, surgical instruments, libraries—everything, and suggested the propriety of those of our profession who have been not only far removed from material losses in consequence of the war, but who, by reason of the great demand caused thereby for the services of medical men, have really thrived as they would not otherwise have done, doing something by contributions of money, instruments, or books, to aid them in replenishing their offices.

We are glad to learn that our suggestion has attracted attention, and that there is prospect of something substantial being done toward repairing the losses sustained by our Chambersburg brethren. We hope soon to place this matter before our readers in a practical shape, so that they may know exactly what is needed, and how contributions may be made.

To give our readers some idea of the losses sustained by the physicians of Chambersburg, at the time mentioned, we would state that one of them lost real estate to the amount of twenty thousand dollars, and that he estimates his *office losses* at four thousand dollars more. He had a fine library and collection of surgical instruments, the accumulation of years of toil in his profession. They were all destroyed. His horses and carriages were taken, and he is now compelled to begin his professional career anew, on a few borrowed books and instruments, and without horses and vehicles, so necessary to practitioners in country towns. Our proposition does not contemplate making good *all* the losses of these physicians, but simply their *office losses*. How easy it would be for the medical men of Pennsylvania to raise a fund of twenty thousand dollars, if need be, to aid their brethren in Chambersburg.

In our former note on this subject, we gave a list of the physicians of Chambersburg. It seems that it was not a perfect list. It included some who did not really suffer by the raid, while one or two who did suffer were not named. We shall, at a proper time give a perfect list, with the necessary particulars.

In view of the present aspect of affairs as connected with the rebellion, and the reasonable hope that our national troubles, so far as war and its ravages are concerned, are virtually ended, it is a proper time to propose an extension of the idea embraced in the suggestion in relation to the Chambersburg sufferers, to all of our profession in the border States or elsewhere, who have been subjected to material losses by the ravages of the war. It would be a noble instance of fraternal good will, if the medical profession of the United States were thus to unite in subscribing to a fund to make good to their brethren who have felt the ravages of the war, their office losses. The amount needed would not probably be very large, while the good done would be almost incalculable.

Within the next few weeks, many of our county and some of our state medical societies, and the American Medical Association, will meet. Let this subject be discussed, with a view to taking steps to do something practical and worthy of the medical profession of this great country. The plans might be systematized at the meeting of the American Medical Association, at Boston, in June, at which time a committee might be appointed to make an appeal to the profession of the whole country for funds. A portion of this committee might be named as an executive committee, to distribute the proceeds to those who need it. In this way it ought not to be difficult to raise a fund of fifty to a hundred thousand dollars for this purpose.

The American Medical Association could scarcely give greater evidence of its nationality and usefulness, just at this juncture, than by pursuing the course suggested. Indeed, if it gave up the greater part of its coming session to the work of perfecting a plan for raising and distributing such a fund as is proposed above, it would, in our view, be time well spent, and add greatly to the future influence and usefulness of the Association.

It is desirable to make the medical profession of this country, as far as possible, a unit in feeling, in purpose, and in action. This can best be done by the cultivation of intelligence and kindly feeling through our national medical organization. The war of the rebellion—now apparently, happily, near its close—has interfered somewhat with our intellectual and social progress, but if we are wise enough to avail ourselves of the opportunities offered us of reëstablishing good feeling, it will give us the means of securing the intellectual advancement of our profession by securing their good will and coöperation. Many of our medical brethren have been deprived, by the

ravages of the war, of their means of intellectual advancement. The American Medical Association, by using its influence and its organization so as to aid them in replenishing their libraries and refitting their offices, would only be fulfilling its legitimate functions—in rather an unusual way to be sure, but then the occasion is an unusual one.

We invite correspondence, both on the specific subject of the Chambersburg sufferers, and on the general one of *all* those of our profession who have met with office losses by the ravages of the war with a view of having something practical done for their benefit. *Let us help our brethren bear their burdens.*

THE GREAT DESTROYER.

A connection, as Medical Superintendent for more than five years, with a department of one of the most extensive almshouses in America, succeeding excellent opportunities for observation from a large private practice, have satisfied us that in the drinking habits of society is to be found the GREAT DESTROYER of the lives and the health of mankind. Men impoverish themselves and their families, are content to live in the lowest dens of filth and haunts of iniquity, to rear their children in wretchedness and school them in vice, to people the potter's fields of our large cities with the emaciated forms of slaughtered innocents, in order that they may indulge their depraved appetites for alcoholic beverages. The waste of human life, the losses by sickness, resulting directly and indirectly from the use of intoxicating drinks, the ignorance, the squalor, and the poverty, have not, as yet, received attention at the hands of the sanitarian and statistician in the light of their dependence on the cause in question. We talk about the wretched habitations of the poor, the tenement-houses, cellar apartments, "rotten rows," in which they are so unmercifully crowded, but forget that it is rum that builds such habitations, by making men too poor to pay for better accommodations. When will the people become aroused to the necessity of doing something to check the mad career of this great destroyer of their lives, health, and happiness?

In this connection, we reproduce here a conversation at a recent meeting of the Birkenhead Poor-Law Guardians, which is reported in a late number of a Liverpool paper. It is well worthy the attention of those interested in the problem of sanitary reform.

"The Chairman (Mr. Henderson) observed that a great deal had of late been said about the cause of infectious diseases. Some said the diseases were caused by the bad sanitary condition of certain parts of large towns, and others said they were owing to the want of clothing for the poor. He would like to know what the relieving officer had to say on the subject, but he himself believed the cause was very much the want of cleanliness in the people themselves. He also believed it was owing not so much to the want of food by the people, as to the way in which they fed themselves; for they had found, almost without exception, that where men who were not paupers, but earning sometimes a good deal of money, were attacked by small-pox or fever, it was caused by irregular living, and in such cases it was a hard matter to save those men. His opinion was, that many men, instead of spending their money in food, spent it in drink.—Mr. Eddowes: That is the case.—The Chairman continued to say that it was found that such men were in the habit of taking 'makeshift' dinners. They got some bread and cheese, and washed it down with perhaps a quart of beer or porter, if not with something worse. If they spent more in beefsteaks, and less in beer, there would be less disease.—Mr. Eddowes: Yes, certainly.—Mr. M'Nerney, relieving officer, having been sent for, entered the board room. The Chairman explained what had been said, and asked his opinion as to the cause of disease.—Mr. M'Nerney said he had an opportunity of observing the class of people taken to the fever hospital, and his opinion was that the prevalence of fever among the lower classes arose not from any want of means to supply themselves with proper food. He believed labor had been very plentiful, and the remuneration very liberal, but he was sorry to say that intemperance kept pace with the increase in wages. He thought this was one of the grand causes of the spread of fever. Persons in the habit of taking drink easily caught infectious disease, and if they did so, it was more certain to terminate fatally in their case than in others.—The Chairman supposed Mr. M'Nerney meant those who led irregular lives.—Mr. M'Nerney said he did. His own impression was, that personal and domestic cleanliness was one of the grandest modes of preventing disease, and that want of cleanliness was, of course, the surest means of bringing it on. Subsequently, Mr. Eddowes said he had great experience in the employment of hundreds of men, and he generally found that those who received the least wages were the most comfortable, for the men who received high wages spent them in drink. He appealed to Mr. Scott to say if that were not so.—Mr. Scott said that it very often happened that such was the case.—Mr. Eddowes said in many cases it was high wages that killed the men. It was drink, drink, drink."

Erratum.

In number 420, (March 25,) on page 367, fourth line, right hand column, instead of "chemical," read *clinical.*

Notes and Comments.

Surgeon-General of New York.

We learn that Gov. Fenton has filled the vacancy of Surgeon-General in his Staff, caused by the death of the late lamented Dr. S. D. Willard, by the appointment of Dr. James E. Pomfret. Dr. Pomfret is spoken of as a man eminently fitted for the place. He was for a time Professor of Anatomy in the Albany Medical College, and has served three years as Surgeon in the Seventh New York Artillery, and as Division Surgeon.

Use of Opium in this Country.

A writer in the New York *Journal of Commerce* has been making some investigations into the annual imports of opium into the United States since 1840. He says that:—

"While $40,874 paid the foreign cost of all the opium imported at the ports of the United States in 1840, it took $932,887 to pay the cost in the year ending June 30, 1862, an increase from forty thousand to nearly one million of dollars, in less than twenty-five years.

"Of the large sum last mentioned, 30,482 pounds, valued at $96,174, were landed at Boston; 163,055 pounds, valued at $554,443, at New York; while the value of $281,796, mostly 'prepared' opium, was landed on the Pacific, chiefly for the use of the Chinese in California. It is true that the medical business connected with the army is responsible for a portion of this increase since the war began; but the statistics show a very heavy consumption of opium previous to the war—the imports for the year ending June 30, 1860, averaging over one hundred and twenty thousand pounds per annum. This is an enormous amount for the consumption of this country, and shows that a large number of people must use the drug habitually, in some form, for the gratification of their cravings for a stimulant. There may be less disgrace connected with its use, but the effects, mental and physical, are far more injurious than those which follow the abuse of alcoholic drinks, while the habit is much less easily cured or restrained."

We should like to be informed by our readers of their observations on the subject of the use of opium as a stimulant. For more than five years we have had the medical charge of a hospital for the insane, containing an average of over 550 patients—the second institution in size of the kind in this country,—and have seen *very little* of the evil effects resulting from the use of opium. And this institution is connected with one of the largest almshouses in this country, but we have never heard the resident physicians there speak of opium intoxication as of very frequent occurrence. Opium may slay its thousands—but *rum* is the great enemy of the human kind, and counts its victims by tens of thousands!

Defeat of the Metropolitan Health Bill.

We are very sorry to be compelled to record the unexpected defeat of the Metropolitan Health Bill, in the Legislature of New York. After having passed the upper branch, it was, in a manner unaccountable by us, defeated in the lower. Bribery and corruption are very plainly hinted at in the newspapers. We doubt not there are office-holders in the city of New York who might, if they chose, give a detailed account of the *modus operandi* by which the bill was defeated.

The bill was an excellent one, and would have been of very great advantage to New York city, and the whole country. We trust that the friends of health reform in New York will still persevere, and that their efforts will yet be crowned with success in the passage of an efficient Health Act.

A Cosmopolitan Volume.

Webster's Unabridged Dictionary has had a greater sale than all other large English dictionaries ever published previously, combined. The new edition is now publishing in London in monthly parts. Since its issue in September last, 600 copies have been sent to California, 400 to Cuba, 50 to Calcutta in India, 50 to Rio de Janeiro, a case to Constantinople, and it has a sale all over the civilized globe.

Charity Hospital and Medical College, Cleveland, Ohio.

We have received the first annual catalogue of this new medical school, and certainly the faculty can congratulate themselves on the remarkable success of their enterprise. There were 74 matriculants and 38 graduates—a rather large proportion of graduates, however. This school offers very excellent advantages, especially for clinical instruction, and it has a vigorous and able faculty. We would suggest a change of name.

News and Miscellany.

Dr. Freer, of Chicago, and the Homœopaths.

The *Lancet and Observer* says—Some time since, the Homœopaths of Chicago made a case against Dr. J. W. Freer, Enrolling Surgeon of the Chicago district, and preferred complaints to the Provost-Marshal-General, demanding his removal from office. The burthen of the charge consisted in his refusal to recognize the certificate of a homœopathic attendant, as evidence of unfitness for military service—but the charge was fortified with various additional short-

comings—such as want of courtesy, disposition to make his official position contribute to his private interests; and finally, that he was personally obnoxious to that community, "by reason of his entire ignorance of good-breeding, his deficiencies of education, and his consequent unofficer-like and ungentlemanly behavior." Of course these last were merely riders to strengthen the fence. Provost-Marshal-General Fry issued an order to the Provost-Marshal of that District to investigate the case; and there was consequently a hearing, embracing a vast amount of testimony, *pro* and *con*, relevant and irrelevant. The final result, however, we think, to any *reasonable* reader of the testimony—which we find reported in the *Chicago Medical Journal*—is a refutation of the character and deportment of Surgeon FREER, personal, social, and professional, for which he may well feel very grateful, and indulge in a just pride.

The testimony convicts the assailants in this case, of ignorance, incapacity, and trickery, so palpably, that we fancy they will be in no hurry for a fresh trial in that arena.

Handsome Bequests.

The late Dr. JOHN S. WILEY, of Brooklyn, Surgeon, U. S. Navy, bequeathed twenty thousand dollars to charitable institutions, of which one-quarter was given to the Brooklyn Orphan Asylum, one-quarter to a Hospital in the same city, and one-half to St. Luke's Hospital, in New York, to establish a ward for the benefit of officers of the Navy.

The Managers of St. Luke's Hospital have, accordingly, set apart the chief ward in the eastern wing of the hospital about to be erected, to be designated and known as the "Wiley Ward." A marble tablet is to be placed on the walls of the ward, bearing this inscription:

THE WILEY WARD.

JOHN S. WILEY, M. D.,*

Bequeathed to St. Luke's Hospital ten thousand dollars, in the hope that his brother officers might share the benefits of this institution.

Increased Value of Life in France.

In 1806–9 the average duration of life was—in males, 30 years, 6 months; in females, 32 years, 7 months; mean, 31 years, 6 months. Now, in 1865, it is calculated that males on the average live 33 years, 4 months; and females 36 years, 4 months; mean, 34 years, 10 months.

* "U. S. Navy" should be added here. The tablet will be incomplete without.—[ED. MED. AND SURG. REPORTER.

Insane Paupers.

A bill to establish a State Hospital for the incurable insane, has recently passed the New York Assembly. This movement was initiated by Dr. WILLARD, the late energetic and philanthropic Surgeon-General of the State, whose lamented death took place on Sunday, the 2d inst. His labors in behalf of the unfortunate class for whose benefit this bill is designed, had been unremitting for the past year, and it is thought that they have contributed to prostrate his system to that degree that he fell a victim to the first attack of disease. The following is the substance of the bill:

SECTION 1. The Governor, by and with the advice and consent of the Senate, is hereby authorized to appoint three Commissioners for the purpose of selecting, contracting for and purchasing a suitable site for the erection of an asylum for the chronic insane who are paupers, and in making such selection, they shall first seek for and select any property owned by the State, or upon which it has a lien, and if that may not be done, then such other property as shall be suitable for their purpose.

SEC. 3. As soon after such site shall be obtained as shall be practicable, the said commissioners shall devise and adopt a suitable plan for the construction of the asylum buildings, if any construction is necessary, or the modification of buildings already erected and not occupied for other State purposes, with the specifications which shall be approved by the Governor, after which said commissioners shall contract for the erection or modification of said asylum buildings, in pursuance of said plan and specifications, and the said commissioners shall select one of their number to superintend the building or modification of said asylum.

Army and Navy News.

ARMY.

ASSIGNED.—Surgeon J. D. Knight, U. S. V., relieved from duty in the Department of West Virginia and ordered to report to Assistant Surgeon-General R. C. WOOD, Louisville, Ky., for assignment to duty.

Surgeon Caleb W. Horner, U. S. V., relieved from duty in the Department of Washington, and ordered to the Department of Pennsylvania.

Hospital Stewart F. A. Conant, U. S. A., relieved from duty in the Department of the Cumberland, and ordered to report to Ass't Surgeon-General R. C. Wood, Louisville, Ky.. for duty.

Surgeon E. H. Abadie is Chief Medical officer, and Ass't Surgeon W. E. Waters is Staff Surgeon on the Staff of Major-General Canby, Division of West Mississippi.

Surgeon George B. Parker has been appointed Chief Medical Officer at City Point, vice Surgeon Dalton, assigned to duty as Medical Director of the 2d Corps in the field.

ORDERED.—Ass't Surgeon J. J. Radcliff has been ordered to examine enlisted men at the U. S. General Hospitals, Annapolis, Md., for admission into the Invalid Corps.

NAVY.

REGULAR NAVAL SERVICE.

Ordered.—Ass't Surgeon Henry S. Pitkin, to the *De Soto*.

Ass't Surgeon William S. Fort, to the Navy Yard, Philadelphia.

Detached.—Ass't Surgeon Theron Woolverton, from the West Gulf Squadron, on the reporting of his relief, and ordered North.

Ass't Surgeon Elwood Corson, from the *Narragansett*, on the reporting of his relief, and ordered North.

Ass't Surgeon John T. Luck, from the *Seneca*, and ordered North.

Ass't Surgeon L. M. Lyon, from the *Vanderbilt*, on the reporting of his relief, and waiting orders.

Ass't Surgeon James Wilson, from the *Monadnock*, and ordered to the *Vanderbilt*.

Surgeon S. Wilson Kellogg, from the Naval Rendezvous at Burling-Slip, New York, and waiting orders.

Ass't Surgeon Charles H. Terry, from the *Susquehanna*, on the reporting of his relief, and waiting orders.

Ass't Surgeon F. B. A. Lewis, from the *Mahopac*, on the reporting of his relief, and waiting orders.

Ass't Surgeon William J. Simon, from the *Sangamon*, and ordered to the *Susquehanna*.

Surgeon Edward Shippen, and Ass't Surgeon Geo. A. Bright, from the *New Ironsides*, and waiting orders.

Ass't Surgeon G. S. Franklin, from the *Onondaga*, on the reporting of his relief, and waiting orders.

Ass't Surgeon William Commons, from the *Passaic*, on the reporting of his relief, and ordered to the *Lancaster*.

Ass't Surgeon J. H. Hazleton, from the *Lancaster*, on the reporting of his relief, and ordered North.

Ass't Surgeon Geo. H. Cooke, from the Navy Yard, Philadelphia, and ordered to the *Onondaga*.

Ass't Surgeon J. S. Wells, from the Mississippi Squadron, on the reporting of his relief, and waiting orders.

Ass't Surgeon Edward Kershner, from the Mississippi Squadron, on the reporting of his relief, and waiting orders.

Ass't Surgeon Frank L. Du Bois, from the Naval Rendezvous, Chicago, Ill., and ordered to the Mississippi Squadron.

Ass't Surgeon L. N. Brayton, from the Pacific Squadron, and ordered to return to the United States.

VOLUNTEER NAVAL SERVICE.

Ordered.—Acting Ass't Surgeon Charles A. Manson, to the *Nantucket*.

Acting Ass't Surgeon William H. Bates, to the *Huntsville*.

Detached.—Acting Ass't Surgeon F. H. R. Phillips, from the *Ohio*, and ordered to the *Paul Jones*.

Acting Ass't Surgeon R. Stone, from the *Stettin*, and waiting orders.

Acting Ass't Surgeon W. P. Davis, from the *Princeton*, and ordered to the *Sangamon*.

Acting Ass't Surgeon Nelson Ingram, from the *Ohio*, and ordered to the *Mahopac*.

Acting Ass't Surgeon Gilbert Balfour, from the *Princeton*, and ordered to the *Passaic*.

Acting Ass't Surgeon A. Dodge, from the *North Carolina*, and ordered to the Mississippi Squadron.

Appointed.—James T. Whittaker, of the *Springfield*. Acting Ass't Surgeon, and ordered to remain on the Mississippi Squadron.

Edwin A. Fobes, of Pulaski, N. Y., Acting Ass't Surgeon, and ordered to the *North Carolina*.

MARRIED.

Bull—Andariese.—In New York, on Wednesday, April 5th, by Rev. Edward Goodridge, Alfred B. Bull and Matilda, daughter of the late James Andariese, Esq., M. D.

Lippincott—Middleton.—On the 4th instant, by Friends' ceremony, at the house of the bride's father, Emily, daughter of George Lippincott, and Caleb S. Middleton, M.D., all of Philadelphia.

OBITUARY.

At a meeting of the Medical Officers of the U. S. A. General Hospital, Patterson Park, Baltimore, Md., April 9th, 1865, the following resolutions were adopted:

Whereas, in the inscrutable wisdom of our heavenly Father, it has pleased him to remove from our midst, our much esteemed colleague Act. Assistant Surgeon A. W. EMORY, U. S. A.; and while we bow in humble submission to the Divine dispensation, we feel most keenly the loss we have sustained; therefore,

Resolved, That his death has deprived the Medical Corps of this hospital of a most efficient officer, and one whose courteous demeanor was highly appreciated by his professional associates.

Resolved, That we, the Medical officers of this hospital, deeply sympathize with his family and friends in their affliction.

Resolved, That as a last tribute of respect to the memory of our departed friend, we will attend his funeral.

Resolved, That a copy of these resolutions be transmitted to the family of the deceased, and published in the *Baltimore American*, and the Medical and Surgical Reporter.

Signed, Thomas Sim, Surg. U. S. Vols.
R. Spencer Vinton, Chaplain U. S. A.
Geo. W. Fay, A. A. Surg. U. S. A.
J. J. Cockrill, " "
W. Kempster, " "
E. B. S. Shoemaker, " "
John A. Purney, " "

METEOROLOGY.

April	3,	4,	5,	6,	7,	8,	9.
Wind	N.	S. E.	S. E.	S.	E.	S. W.	S W.
Weather	Clear.	Cl'dy.	Clear.	Cl'dy.	Cl'dy, Showery. 1-10	Clear.	Cl'dy. Lee sur'd.
Depth Rain							
Thermometer.							
Minimum	42°	43°	43°	45°	55°	42°	39°
At 8 A. M.	49	48	58	58	57	49	47
At 12 M.	58	56	64	63	61	54	52
At 3 P. M.	58	57	68	65	65	56	51
Mean	51.75	51.	58.25	52.75	59.50	50.25	47.25
Barometer.							
At 12 M.	30 8	30.4	30.4	30.3	30.2	30.4	30.5

Germantown, Pa. B. J. Leedom.

Association of Medical Superintendents of American Institutions for the Insane.—The Nineteenth Annual Meeting of the Association of Medical Superintendents of American Institutions for the Insane, will be held at the "Monongahela House," in the City of Pittsburgh, Pa., commencing at 10 A. M. of Tuesday, June 13, 1865. John Curwen, M. D., *Secretary*.

WANTED.

Subscribers having any of the following numbers to spare, will confer a favor, and likewise be credited on their running subscriptions, with such as they may return us.

Vols. I, II, III & IV. All the numbers.
Vol. V. No. 1, Oct. 6, '60; No. 19, Feb. 9, '61.
" VI. Nos. 18, 19, Aug. 3, 10, '61.
" VII. Nos. 1, 2, 6, Oct. 5, 12, Nov. 9, '61; Nos. 10 to 12, Dec. 7, '61, to March 8, '63.
" VIII. Nos. 17, 18, 19, 22, 23, July 26, Aug. 2, 9, 30, Sept. 6, '62.
" IX. Nos. 6, 7, 8, 13 & 14, 17 & 18, Nov. 8, 15, 22, '62; Dec. 27, '62, and Jan. 3, '63, Jan. 24 & 31, '63.
" XI. Nos. 1, 4, 5, 7, 11, 21, Jan. 2, 23, 30, Feb. 13, March 12, May 21, '64.
" XII. Nos. 1, 5, 11, 12, 17, July 2, Sept. 10, Oct 22, 29, '64, Feb. 4, '65.

☞ *We are in pressing need just now of a few copies for new subscribers*, of No. 414, Feb. 4, 1865.